

# Membership Application, New or Renew

Thank you for your interest in The **Valley Agility Sports Team** .

Annual membership dues are \$25/individual, \$30/household

Your Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Who referred you to the club? \_\_\_\_\_

If you are taking or have taken agility lessons, who is/was your instructor? \_\_\_\_\_

**Dog #1's Call Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Breed** \_\_\_\_\_

Dog's agility experience/titles? \_\_\_\_\_

Other dog sports you participate in with this dog: \_\_\_\_\_

**Dog #2's Call Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Breed** \_\_\_\_\_

Dog's agility experience/titles? \_\_\_\_\_

Other dog sports you participate in with this dog: \_\_\_\_\_

(Your membership covers any number of dogs. Attach additional dog info on a separate sheet.)

## By signing below you agree to the following:

As a member in good standing, I agree to adhere to and uphold the By-laws of the Valley Agility Sports Team and to promote good sportsmanship while acting as a representative of the Valley Agility Sports Team.

"I understand that dog sports such as agility are potentially hazardous to me or my dog(s). I hereby assume sole responsibility for and agree to indemnify and hold Valley Agility Sports Team (VAST) and the Turlock Veterinary Medical Center-Turlock harmless from any and all loss and expenses (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death, at any time resulting therefrom, sustained by any animal, person or persons, including myself, or on account of damage to property may be caused, and whether or not the same may have been caused or alleged to have been caused by negligence of the aforementioned parties or any other reason. I agree that this release is intended to be as broad and inclusive as permitted by the laws of the state of California; and that, if any portion of it is held invalid, the balance shall continue in full legal force and effect."

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent/Guardian's Signature if applicant is under 18:

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

How will you help?  Trial committee  Fun match committee  Publicity  Fundraisers  
 Accounting assistance  Hospitality  Legal assistance  Awards

Make checks payable to **VAST** and mail with signed application to:

**Denice Sawatzky, 870 Groveland Ct., Merced CA 95340**